

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003498 (1)
1. Corporation Name

BREAD OF LIFE SERVICES, INC.



Principal Place of Business
C/O PAUL ANDREE
35704 CR 437
EUSTIS FL 32736

Mailing Address
C/O PAUL ANDREE
35704 CR 437
EUSTIS FL 32736

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

4. FEI Number
59-3325400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

ANDREE, PAUL
35704 CR 437
EUSTIS FL 32736

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME ANDREE, PAUL H
STREET ADDRESS 35704 CR 437
CITY-ST-ZIP EUSTIS FL 32736

TITLE ST ☐ DELETE
NAME ANDREE, GLENNA N
STREET ADDRESS 35704 CR 437
CITY-ST-ZIP EUSTIS FL 32736

TITLE VP ☐ DELETE
NAME RANGEL, EULOGIO
STREET ADDRESS 31546 VINE STREET
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME ANDREE, PAUL H
1.3 STREET ADDRESS 35704 CR 437
1.4 CITY-ST-ZIP EUSTIS, FL 32736

2.1 TITLE S/T/D ☐ Change ☒ Addition
2.2 NAME ANDREE, GLENNA N
2.3 STREET ADDRESS 35704 CR 437
2.4 CITY-ST-ZIP EUSTIS, FL 32736

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME RANGEL, EULOGIO
3.3 STREET ADDRESS 31546 VINE STREET
3.4 CITY-ST-ZIP SORRENTO, FL 32776

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul H. Andree

PAUL H. ANDREE

1-18-96

352-357-1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)